

MENTAL RETARDATION

I. DEFINITION

"Mental retardation" means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

II. POSSIBLE REFERRAL CHARACTERISTICS

A. Intellectual

1. Subaverage intellectual functioning; performs poorly on verbal and nonverbal intelligence tests
2. Difficulty applying abstract processes, such as conceptualization, generalization, transfer
3. Limited intellectual functioning in areas such as memory, imagination, creativity

B. Academic

1. Subaverage learning performance in basic academic skills
2. Experiences difficulty in activities requiring reading and listening comprehension, such as following complex directions, gaining insight into problem situations and generalizing from rules and principles
3. Oral communication skills generally exceed written communication skills
4. Limited in incidental learning acquired through experience

C. Behavior

1. Lacks age-appropriate social skills
2. Difficulty in comprehending social situations
3. Low frustration tolerance
4. May exhibit poor self-concept

5. Seeks approval, therefore easily influenced

D. Communication

1. Below average for age in language skills
2. Displays limited vocabulary
3. Delayed speech and language
4. Displays articulation disorders
5. Limited written communication skills
6. Slow processing of questions often resulting in delayed responses

E. Physical

1. Physical development generally proceeds at a slower rate
2. May manifest acute or chronic health problems

III. SCREENING INFORMATION

A. Required

1. Hearing
2. Vision

B. Recommended

1. Formal
 - a. Group administered tests of mental ability and/or achievement
2. Informal
 - a. Checklists
 - b. Rating scales
 - c. Anecdotal records
 - d. Basic skills inventories

- e. Observation

IV. REQUIRED EVALUATION DATA

- A. Social History**
- B. Individual Intelligence (One required)**
- C. Individual Achievement (One required)**
- D. Adaptive Behavior (One required)**
- E. Communicative Abilities (Required as indicated below)**

A comprehensive language screening measure is required. Screening instruments must be established and validated for such use and assess areas of receptive and expressive language. These instruments cannot be single-word vocabulary measures only. Review of social, educational and communication history and/or classroom observation of communicative abilities should also be utilized. If the student fails the screening or if language is identified as a problem area, a diagnostic measure is required.

- F. Other**

- 1. Programming (Required)**

- a.** If appropriate, specific subject areas given the functioning level of the student
 - b.** Functional skills assessment

Functional skills assessment is evaluating the ability of an individual to perform the activities required on a daily basis in his/her natural environments. Functional skills assessment is based on information obtained from observations and interviews with family members, teachers, related services personnel and/or the student via an ecological inventory. The ecological inventory is then used to identify the skills that are needed in specific settings in which the individual currently functions and will function in the future.

V. OPTIONAL EVALUATION DATA

- A. Learning Processes**
 - 1. Visual perception
 - 2. Auditory perception
 - 3. Perceptual-motor development
- B. Medical**
 - 1. Physical examination
 - 2. Specialized, if indicated
- C. Vocational Assessment**
- D. Motor Development (Fine and gross motor)**

VI. EVALUATION DATA ANALYSIS

Mental retardation (MR) is defined by the American Association on Mental Retardation (AAMR) as referring to substantial limitations in present functioning, characterized by subaverage intellectual functioning existing concurrently with related limitations in two (2) or more applicable adaptive skill areas. The adaptive skill areas mentioned in the definition are communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work. Mental retardation manifests before age 18.

In making a diagnosis of mental retardation, the AAMR suggests that the condition exists if (1) the person's intellectual functioning level is below IQ 70-75, (2) the onset is age 18 or below and (3) there are significant disabilities in two or more adaptive skill areas. In interpreting evaluation data, the committee must consider the effects of cultural and linguistic diversity on communication and behavior. The existence of limitations in adaptive skills should be reflective of the context of community environments typical of the student's age peers.

To obtain a comprehensive picture of the student's abilities, all assessment information gathered must be integrated. The information derived from assessment of the student's functioning levels in usual or natural environments is of primary importance to the development of an appropriate educational program. The assessments conducted for programming can identify more specifically the student's areas of need than can other measures used to establish eligibility.

VII. PROGRAMMING CONSIDERATIONS

In developing an IEP for the student with mental retardation, it is important that a positive educational approach be taken which stresses needed supports for the student to function in particular environments/situations. The overall focus is to help the student develop the skills needed to function as independently as possible in natural environments.

It is often necessary and appropriate to consider a functional approach to academic instruction to facilitate development of the skills that are required for independence in daily living. Such skills are required for personal care, independent daily living, travel and successful competitive employment. An activity-driven, skill-supported curriculum should serve as the foundation for individualized instruction. Programs should be based on a team approach with skills and knowledge shared across professionals and settings. When related services are a necessary part of the program for a student, those services should be integrated into the total daily program as much as possible. Skills should be taught in the context(s) and environment(s) in which the student is expected to perform them, especially since these students often have difficulty in generalizing skills to other settings. Thus, instruction in communication and social skills development should be incorporated into natural, functional routines and settings and should be integrated with other instructional content.

These students may need adaptations, modifications and/or accommodations in order to receive their educational program in the least restrictive setting appropriate to their needs. The program design should take into account the student's need for a structured learning environment. A behavior management plan may be a necessary part of the IEP to address appropriate behaviors to be taught or increased, behaviors to be decreased and interventions to be used with any disruptive and/or noncompliant behavior.